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Zendesk, In Form 4	с.										
November 1	14, 2016										
FORM	UNITED	STATES		RITIES A			NGE C	OMMISSION	OMB AP OMB Number:	PROVAL 3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). StateMent of CHANGES IN BENEFICIAL OWNERSHIP O SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 Section 17(a) of the Public Utility Holding Company Act of 1935 or Sect 30(h) of the Investment Company Act of 1940							Act of 1934, 1935 or Section	Expires: January 31 2009 Estimated average burden hours per response 0.5			
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> Svane Mikkel								5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (N	Middle)	3. Date of Earliest Transaction				(Check all applicable)				
1019 MARKET STREET			11/10/2016 -					_X_ Director 10% Owner _X_ Officer (give title Other (specify below) below) Chairman and CEO			
				d(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
SAN FRAN	NCISCO, CA 941	03						Form filed by Mo Person	ore than One Rep	oorting	
(City)	(State)	(Zip)	Tab	ole I - Non-	Derivative	Secu	rities Acqu	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	urity (Month/Day/Year) Execution Date, if		3. 4. Securities Acquired (A) Transaction Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(D)	Price \$	(Instr. 3 and 4)			
Common Stock	11/10/2016			S <u>(1)</u>	47,700	D	φ 24.0696 (2)	5 1,897,219	D		
Common Stock	11/10/2016			S <u>(1)</u>	2,300	D	\$ 24.6983 (3)	3 1,894,919	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Svane Mikkel 1019 MARKET STREET SAN FRANCISCO, CA 94103	Х		Chairman and CEO					
Signatures								
/s/ Hasani Caraway, Attorney-ir Svane	n-fact for	Mikkel	11/14/2016					

**Signature of Reporting Person

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) This transaction was effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person.
- This sale price represents the weighted average sale price of the shares sold ranging from \$23.49 to \$24.46 per share. Upon request by the(2) Commission staff, the Issuer, or a security holder of the Issuer, the Reporting Person will provide full information regarding the number of shares sold at each separate price.

Date

- This sale price represents the weighted average sale price of the shares sold ranging from \$24.51 to \$24.81 per share. Upon request by the
- (3) Commission staff, the Issuer, or a security holder of the Issuer, the Reporting Person will provide full information regarding the number of shares sold at each separate price.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.